

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADDITIONAL ADJUSTMENT		ADDITIONAL ADJUSTMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		2				
4		2				
5	1					
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TOTAL IND.	2					
TOTAL DEP.	7					
TOTAL CLAIMS	9					

	CHD	DEP	CHD	DEP	CHD	DEP
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